

FLOOD: YES OR NO

ZONE: \_\_\_\_\_ BY: \_\_\_\_\_



1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353

Phone: 850-875-8665 Fax: 850-875-7280

## FIRE ALARM/SUPPRESSION PERMIT APPLICATION

Property Owners Name \_\_\_\_\_

Address (if different than property address) \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile Ph \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Property Address (911) \_\_\_\_\_ City \_\_\_\_\_ FL Zip \_\_\_\_\_

Property Parcel Number \_\_\_\_\_

Fire Alarm/Suppression Contractor \_\_\_\_\_ License # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Business Ph \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Cost of improvement (\$ Valuation of Job) \_\_\_\_\_

**Notice:** Any job greater than \$2500 that is not associated with a building permit will require a NOTICE OF COMMENCEMENT. This system may need to be reviewed and/or inspected by the Fire Marshall.

### Check all boxes below that apply to this permit:

☐ Fire Alarm/Fire Detection/Fire Sprinkler System (Electrical and/or Plumbing)

☐ Fire Suppression System (Mechanical)

☐ Commercial New System

☐ Commercial Repair/Upgrade

☐ Residential New System

☐ Residential Repair/Upgrade

*I, hereby attest that all the information is true and agree to make such installation in accordance with the Florida Fire Prevention Code, 2017 Edition.*

**(Please see reverse side to sign)**

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits.

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*Owner/Agent Signature*

*Date*